



CALIFORNIA DEPARTMENT OF EDUCATION  
OFFICE OF SCHOOL TRANSPORTATION  
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West Sacramento, CA 95605  
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## TRAINING PROGRAM APPLICATION

### Instructions:

Please print or type all requested information. Upon completion, please refer to the checklist of required documents. Completed application, documents, and application fee must be mailed to the above address. Faxed applications/documents will not be accepted.

### Section 1 – Applicant Type: *Check one*

- ☐ Instructor Original ☐ Delegated Behind-the-Wheel Trainer  
☐ Instructor Recertification ☐ Allied Agency

### Section 2 – Applicant Information:

Name (Mr. /Mrs. /Ms.): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City  
State/Zip County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Class: ☐ A ☐ B Endorsement(s): \_\_\_\_\_

California Special Driver Certificate: *Check one*

☐ School Bus ☐ SPAB ☐ Transit ☐ Farm Labor

### Section 3 – Employer Information:

Primary Employer: \_\_\_\_\_

Primary Employer Address: \_\_\_\_\_  
Street City  
State/Zip County: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Employer Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate the number of state-certified instructors that are in your organization: \_\_\_\_\_

Please indicate the number of each type of vehicle listed below:

School Buses \_\_\_\_\_ SPAB \_\_\_\_\_ Transit Buses \_\_\_\_\_ Farm Labor Vehicles \_\_\_\_\_

Secondary Employer: \_\_\_\_\_

Secondary Employer Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 4 – Driving Criminal History:**

1. Has your driving privilege <b>EVER</b> been suspended, revoked or on probation?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2. Has your California Special Driver Certificate <b>EVER</b> been suspended or revoked?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3. Have you <b>EVER</b> received a traffic violation of any section of the California Vehicle Code?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
4. Have you <b>EVER</b> been involved in a traffic collision?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Have you <b>EVER</b> been convicted of any crime or public offense, other than Traffic, as described in California <i>Penal Code</i> Section 16?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\* If you answered "Yes" to any of the questions above, please provide an explanation (including specific dates per DMV H6, location, event description, personal/company vehicle, etc.) on a separate sheet of paper.

**Section 5 – Driving Experience: Check one****(Allied Agencies – disregard this section)****Instructor's Original or Recertification (Education Code Section 40088[a]): Check One**

- ☐ Five years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver.
- OR**
- ☐ Two years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver and three years of equivalent experience driving vehicles that require a Class A or B commercial driver license.
- OR**
- ☐ Two years of experience as a school bus, school pupil activity bus, transit bus, or farm labor vehicle driver (one year of experience as an authorized delegated behind-the-wheel trainer of the appropriate class may be substituted for one year of experience).

**Delegated Behind-the-Wheel Trainers (Education Code Section 40084.5[b]):**

- ☐ One year of experience as a driver of the appropriate type and size vehicle immediately preceding the date of selection as a delegated behind-the-wheel trainer.

**Section 6 – Education: Check one****(Instructor Recertification – disregard this section)**

- ☐ High School Graduation ☐ General Education Development (GED) ☐ DD214

**Section 7 – Work Experience: Begin with the most recent****(Instructor Recertification – disregard this section)**

From: Month/Year	To: Month/Year	Total: Years/Months	Employer/Duties (Ex: ABC USD/Bus Driver)

**Section 8 – Instructor’s Behind-the-Wheel Training Guide for California’s Bus Driver’s Training Course Operation and Instruction/Vehicle Information:**  
(Allied Agencies and Instructor Recertification Applicants – disregard this section)

**Instructor’s Note:** The applicant must be evaluated in a vehicle of the same size, weight, and type for which the instructor rating is sought.

Vehicle Make:	Vehicle Year:	<input type="checkbox"/> Vehicle Type I
Passenger Capacity:	Engine:	<input type="checkbox"/> Vehicle Type II
Brake System:	Transmission:	

**Instructor’s Note:** All applicants shall demonstrate their driving and instruction proficiency in each Skills Level 1 thru 7 listed below. The certifying instructor shall verify that the applicant has met the minimum standards by placing his/her initials and instructor identification number in each box for each skills level.

Skills Level 1 thru 7	Driving Proficiency Initial/ID	Instruction Proficiency Initial/ID
Basic Vehicle Familiarization and Movement	/	/
Precision Training in Vehicle Movement and Driving Fundamentals	/	/
Transmission Control and Shifting Procedures	/	/
Defensive Driving	/	/
Passenger Loading and Unloading Procedures	/	/
Emergency Procedures	/	/
Final Appraisal	/	/

**Section 9 – Instructor Recertification Applicants ONLY:**

Instructor ID: \_\_\_\_\_

Please select the areas in which you intend to recertify:

Check One: ☐ School Bus    ☐ SPAB    ☐ Transit    ☐ Farm Labor

Check One: ☐ No Instructional Limitations    ☐ Classroom Only    ☐ Behind-the-Wheel Only

☐ Documentation

**Section 10 – Delegated Behind-the-Wheel Trainers Requirements:****(Behind-the-Wheel Applicants ONLY)**

**Instructor's Note:** Verify that the applicant has successfully completed the required written and driving performance tests by placing your initials and instructor identification number in the appropriate boxes.

Successful completion of all training in the latest edition of the Instructor's Behind-the-Wheel Training Guide for California's Bus Driver's Training Course given by, and in the presence of, a state-certified instructor of the appropriate class ( <i>Education Code</i> Section 40084.5[b][5]).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial/ID /
Successful completion of a written assessment test on current laws, regulations, and policies given by, and in the presence of, a state-certified instructor of the appropriate class( <i>Education Code</i> Section 40084.5[b][6])	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial/ID /
Successful completion of a driving test and a behind-the-wheel training performance test on all phases of behind-the-wheel and vehicle inspection training. The test shall be given by, and in the presence of, a state-certified instructor of the appropriate class ( <i>Education Code</i> Section 40084.5[b][7]).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial/ID /

**Section 11 – Classroom:**

**Instructor's Note:** Verify that the applicant has successfully performed public speaking knowledge/skills/abilities in your presence and describe public speaking experience.

Public speaking knowledge, skills and abilities:
Public speaking experience:

**Section 12 – Instructor Class Assignments: (Instructor Original and Allied applicants ONLY)**

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker		
Do you suffer from any medical conditions or physical limitations (i.e., back pain, limited range of motion, etc.) that our training facility should be aware of or that would prevent you from fulfilling the physical demands/responsibilities of a state certified instructor (See Bus Driver Instructor Fact Sheet)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
* If yes, please explain in detail on a separate sheet of paper.		
Academy Attendance (Month/Year):	1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:

**Section 13 – Certification:**

Applicant Signature:		Print:	Date:
Primary Employer Signature:		Print:	Date:
Primary Employer Title:	Email:	Phone Number:	
State Certified Instructor Signature:		Print:	Date:
Instructor ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Limitations: -	Email:	Phone Number:
<b>NOTE:</b> Signatures certify that the information provided in this application by the applicant, primary employer, and state-certified instructor are true and that neither the applicant, primary employer, nor state-certified instructor has knowingly made a false statement or concealed any material fact.			

**REQUIRED APPLICATION DOCUMENTS:**

**Note: Provide legible copies (front and back when appropriate) of the following items:**

- ☐ \$35.00 Application fee (Check/Money order made out to California Department of Education **No CASH/No PURCHASE ORDERS**).
- ☐ Commercial Driver License (CDL)
- ☐ California Special Driver Certificate
- ☐ Medical Certificate (Must be completed by MD, DO, or PA)
- ☐ First Aid card (If applicable)
- ☐ Current Driver CDE Training Certificate Form TO-1
- ☐ Original Department of Motor Vehicles (DMV) H-6 (driver record printout – copy not accepted\*)
- ☐ High School Diploma, General Education Development (GED), or Department of Defense Form DD 214\*\*
- ☐ Delegated Training T-01 Training Certificate (Delegated B-T-W applicants ONLY)
- ☐ Scored written exam administered by a state-certified instructor (Delegated B-T-W applicants ONLY)

\*DMV H-6 must be no more than 30 days old at the time of application, and must reflect "END" at the end of the document

\*\*A copy of applicant's high school Diploma will be accepted. Official copies of high school transcripts must be issued by the institution and received by the Office of School Transportation in its sealed envelope. DD 214 must clearly state the completed high school grade level. RECERTIFICATIONS AND ALLIED AGENCIES: DISREGARD.